

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN168AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY HOME CARE RHL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>975 CORDONE AVE</b> <b>RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28384  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 12/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and no employee files were reviewed.  Complaint #NV00023779 was substantiated. See Tag Y879.	Y 000		
Y 879 SS=G	449.2742(6)(a)(2) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred.	Y 879		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 879	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 12/16/09, the facility failed to ensure that 1 of 3 residents received medications as prescribed.  Findings include:  Resident #2 - The following medication was prescribed, but was not available in the resident's medication bin or in the facility: Seroquel 100 milligrams, one tablet at bedtime. The Seroquel had been last filled on 12/8/09 with 7 pills. The caregiver indicated the medication had run out and the resident had no health insurance and no money to pay for prescriptions. She stated she was trying to help the resident qualify for Medicaid. The caregiver stated she had not notified the physician that the medication had run out.  Resident #2 was also prescribed Depakote Elixir 200 milligrams at bedtime. This prescription was written by the physician on 11/5/09, however the prescription had never been filled. Employee #2 stated she believed the pharmacy had told them Depakote was not available in an elixir. This situation occurred when the administrator and assistant administrator were out of the country. Employee #2 stated she had not contacted the physician regarding this medication.  Severity: 3 Scope: 1	Y 879			
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR	Y 895			

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Y 922	Continued From page 4  the resident for whom it is prescribed and the name of the prescribing physician.          This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 12/16/09, the facility failed to ensure medications were labeled with the name of the resident and the name of the prescribing physician for 1 of 3 residents (Resident #2 - Omeprazole, Tylenol and Dulcolax).  Severity: 1 Scope: 2	Y 922			
Y 923 SS=E	449.2748(3)(b) Medication Container          NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.          This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 12/16/09, the facility failed to keep medications belonging to 1 of 3 residents in their original container (Resident #2 - Omeprazole).	Y 923			

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Y 923	Continued From page 5  Severity: 2 Scope: 2	Y 923		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/16/09, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4 - no second-step TB test) which affected all residents.</p> <p>This was a repeat deficiency from the 8/25/09 and 1/21/09 State Licensure surveys.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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